DOCUMENT RESUME

ED 028 579 EC 003 900

Diagnostic and Clinical Services Center for Hearing Impaired Children. Interim Report.
Chicago Board of Education, Ill.
Spons Agency-Illinois State Office of the Superintendent of Public Instruction, Springfield.
Pub Date 31 Aug 68
Note-38p.
EDRS Price MF-$0.25 HC-$2.00
Descriptors-Admission Criteria, Aptitude, Auditory Evaluation, *Aurally Handicapped, Clinical Diagnosis, *Clinics, Communication Skills, Deaf, Emotional Adjustment, *Exceptional Child Services, Hard of Hearing, *Identification, Intelligence, Interpersonal Competence, Professional Personnel, Program Evaluation, *Program Planning, Referral, Staff Role, Student Interests, Testing
Identifiers-Elementary and Secondary Education Act Title VI, ESEA Title VI Program

A description is provided of a summer project devoted to planning a high school for the hearing impaired, recruiting staff, preparing facilities, and commencing diagnostic and clinical services. Objectives are listed and the following problems are considered; selection of clientele to be served, contact with parents, and number of children seen; deveopment of a model for diagnostic and clinical services dealing with sensory abilities, mental ability, personality and emotional adjustment, motor ability, ability to communicate, social factors, interest pattern, aptitudes and special abilities, and a diagramed model; organization of personnel; and role descriptions of the project director, clinician, social worker, instructor of manual communication, clinical psychologist, educational psychologist, clinical audiologist, vision technician, and bus driver. Results of the project are discussed in terms of the type of appointment and diagnostic testing. A program evaluation suggests changes, followup activities, and potential effect. Photographs are included; an appendix contains a client evaluation form, a parent inventory, a summary and teacher questionnaire, and a letter to parents. (RJ)

ED028579

an interim report

DIAGNOSTIC AND CLINICAL SERVICES CENTER FOR HEARING IMPAIRED CHILDREN

JAN 20 1969

EC 003 908

BOARD OF EDUCATION
CITY OF CHICAGO

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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DIAGNOSTIC AND CLINICAL SERVICES

CENTER FOR THE HEARING IMPAIRED

PROJECT 296, ESEA, TITLE VI

INTERIM REPORT
to August 31, 1968

JAMES F. REDMOND
General Superintendent of Schools

BOARD OF EDUCATION
CITY OF CHICAGO

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Appreciation is express to the following for their contribution to the preparation of this report.

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Hazel Bothwell, State Consultant for the Hearing Impaired, Springfield, Illinois
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Kathleen M. Cooney, Principal, Doolittle East School
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Reginald Hanks, Director, Title VI, ESEA Projects, Office of The Superintendent of Public Instruction, State of Illinois
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Edith W. Munson, Supervisor, Division of Deaf and Hard of Hearing
Arthur Neyhus, Professor, Institute for Language Disorders, Northwestern University
Sister Philip, Principal, Holy Trinity School, Catholic Archdiocese of Chicago
Raymond F. Prendergast, Engineer-Custodian, Doolittle School
Marian Quinn, Director, Department of Vision and Hearing, Chicago Catholic Charities
Alfred L. Rudd, Director, Pupil Transportation
Laszlo Stein, M.D., Director, Robert Henner Hearing Clinic, Michael Reese Hospital
Richard Tygielski, Director, Administrative Functions, ESEA Projects
Gus Ziagos, Director of Physical Education, Northeastern Illinois State College

Special appreciation is expressed to Dr. Margaret Hall Powers, director of the Bureau of Physically Handicapped Children, under whose leadership the program was originated.

The Diagnostic and Clinical Services Center for the Hearing Impaired was conducted in July and August, 1968, at the Doolittle East School and the Robert Henner Hearing and Speech Center. The program was administered by the Chicago Board of Education under a Title VI ESEA federal grant of $40,000 awarded by the OSPI of the State of Illinois. This first phase of a larger project to plan a comprehensive high school for the hearing impaired was a direct outcome of a planning session conducted at the Bismarck Hotel on March 20, and 21, 1968, which involved participants from Office of State Public Instruction, Chicago Public Schools, and special consultants such as:

Dr. Kenneth Mangan, Superintendent
Illinois State School for the Deaf

Mr. Wendell Jones, Assistant County Superintendent
Special Education

Dr. D. Robert Frisina, Director
National Institute for the Deaf

Dr. Richard Brill, Superintendent
Riverside California School for the Deaf

Dr. Stephen Quigley, Professor
Institute for Research on Exceptional Children

Dr. Frances Mullen, Former Assistant Superintendent
Department of Special Education

The overview of this phase of the project as stated in the proposal for funding was:

"Phase I: Phase I will be carried on in June, July and August, 1968 and will be devoted to planning, recruitment of staff, preparation of facilities, and the commencement of direct diagnostic and clinical services to deaf and severely hard of hearing students of elementary and high school age.

Multi-disciplinary diagnostic services will expand and add new dimensions to those currently available in the Chicago area schools. They will be designed to help the young person and his family arrive at realistic educational and vocational goals and help school systems initiate programs more realistically geared to needs.

The clinical services center will concentrate on improving the communication skills of the hearing impaired through auditory training, speech rehabilitation, speech reading, remedial reading, remedial work in written language, plus the addition of manual communication skills and exposure to occupational information and guidance. Both center-based and itinerant personnel will provide clinical services of a depth and variety not currently available. Both of these services are seen as the initial phase of a project which, through analysis of diagnostic data, pilot programs of depth diagnosis and innovative remedial services, intensive evaluation of those programs, and on-going planning, will formulate guide lines for a comprehensive high school for the deaf and severely hard of hearing, to be built in the Chicago area to serve young people from the greater Chicago area.

The program for the elementary school will follow the basic structure of the initial proposal. It will be carried on in June, July and August of 1968 and will be open to residents of Chicago and the surrounding areas.

The clinical services will include communication skills through the general educational plan of auditory training, speech reading, and speech. Parent involvement in an intensive educational plan will be an added feature of the project at this level.

With the highly specialized help of existing agencies and trained personnel it is expected that the project will be the beginning of an on-going program of preparation for and continued emphasis on identification and early education of the hearing impaired child."

Specifically, the objectives of this summer project were:

A. To offer supportive services which in form and depth are not offered to the school clientele except through outside agencies or private practitioners.

B. To develop a diagnostic and clinical services model which could be incorporated into the on-going program for the hearing impaired in the Chicago area.

C. To provide data germane to the needs of the hearing impaired students so these needs may be satisfied through a well planned individualized school program.

D. To test the feasibility of cooperative efforts with community service agencies.

E. To present guidelines for developing a comprehensive program for high school aged hearing impaired students. These guidelines are to be derived from many sources such as professional educators, parents, and other interested persons.

Selection of Clientele To Be Served

Students from all public and private schools in the Cook County area outside of Chicago were invited to participate

through letters sent to the various program directors. Letters and questionnaires are on file to support this statement. Four of the six referring agents responded and indicated a willingness to cooperate. The one program director who did request audiometric service did so some time after the testing schedule was completed. However, steps were taken to schedule these students in the latter part of August 1968.

Due to the large number of hearing impaired students in the Chicago area, some criteria for selecting clientele were developed. These were as follows (given by priority):-

A. All hearing impaired students from grades 8-11, who did not have these services in the last two years.

B. All multiple-handicapped students in the intermediate grades and above, who did not have these services within the last two years.

C. All pre-primary (nursery), and kindergarten children in need of clinical instruction.

Letters were sent to all parents of the above students and phone calls were made to confirm appointments for service. In all over 500 direct mail brochures with return applications, and pre-addressed envelopes were sent to the parents of hearing impaired students. The names, addresses, and phone numbers were obtained from official listings at the Chicago Board of Education. Hundreds of phone calls contacted parents who had not responded to the letters. The following shows the total number of different

cases which were seen at least once (and usually several times) at the summer clinic by grade level category:

31 pre-primary and kindergarten

30 multiple-handicapped

26 students from grades 8-11

Developing a Model for Diagnostic and Clinical Services for the Hearing Impaired

Coordinated supportive services must augment the school program. Any attempt to structure comprehensive services must include correlational planning which allows for adequate formal and informal communication between the personnel involved in these efforts. The model which follows tries to incorporate the various supportive roles so as to provide a multi-disciplinary team approach to the solution of the individual educational problems of the student. This approach is based upon a liberal philosophy of education which premises the "perfectibility of man" and "the worth and dignity of each person". It is further based upon a premise which says that "education can change behavior". Thus the prime purpose of this model is to give a systemized methodology which can define and satisfy individual needs as related to education.

This diagram shows the services offered either directly at the center or through the Robert Henner Hearing and Speech Center of Michael Reese Hospital in Chicago which provided audiometric and behavior study type diagnostic services for the center during this phase of the project.

MODEL FOR
COORDINATED DIAGNOSTIC & CLINICAL SERVICES
FOR THE HEARING IMPAIRED

Diagnosis Through Case History & Individual Examinations
Audiological (O*A)
Hearing Aid Evaluation (OA)
Medical History (OA)
Social History (O*A)
Educational History (*)
Psychological Examination (O*A)

STAFFING

Clinical Service
Medical Referral by teacher-nurse to OA
Social Referral by School Adm. to O*A
Psychological Referral by School Adm. to O*A
Oral Language By Clinician
Speech By Clinician
Written Language By Clinician
Speech Reading By Clinician
Reading Instruction By Clinician
Manual Communication By Manual Instructor
Auditory Training By Clinician

STAFFING

Results
Individualized Classroom Strategies (for teachers)
Parent & Student Counseling (for students)
Pupil Placement & Programming (for students)

All services coordinated by project director with follow-up by social worker or teacher-nurse.

OA = Service by outside agency
* = Service by Board of Education Personnel
O*A = Service by either Board of Education personnel or outside agency

The total services offered by the center may be seen in the profile sheet devised by the project director. Consultations and workshops were held for the center staff led by Dr. Arthur Neyhus of the Institute of Language Disorders of Northwestern University. The staff was oriented to testing procedures and test interpretation. Information gained through the services of the Robert Henner Hearing and Speech Clinic augmented these profiles. The individual testing of mental abilities was handled only by the psychologists.

The areas of study at the center have been defined by Myklebust, Neyhus, and Mulholland (1962). These areas and the instruments used for their study were:

A. Sensory Abilities: Hearing testing included pure tone audiometry (both air conduction and bone conduction), speech reception threshhold testing, auditory discrimination testing, and hearing aid evaluation. Binocular vision testing was accomplished using the Titmus Vision Tester device.

B. Mental Ability: This area was assessed by means of the Hiskey-Nebraska Test of Learning Aptitude, the Otis Alpha, or the Goodenough-Harris test.

C. Personality and Emotional Adjustment: Information for this category was gleaned by the use of the California Test of Personality and personal observation

by the clinicians. Projective techniques, and other forms of evaluation were left to the clinical psychologist at the Henner Clinic for cases where this service was indicated as necessary.

D. Motor Ability: The instruments utilized for motor ability were the Heath Railwalking Test, the Sloan-Oseretsky Motor Battery, and the dynamometer (used to determine laterality).

E. Ability to communicate: This area has been divided into three sub-sections. Language development was measured by the Picture Story Language Test. Speech reading was sampled by means of simple response to command type exercises devised at the center, and a speech sample was adapted from a set of pictures which included all the sounds of spoken English in the initial, medial and final positions. The articulation errors were recorded on an analysis sheet devised by Schmitt.

F. Social: Information regarding this area was obtained through observation and parent conferences.

G. Interest pattern: Wherever possible the California Occupational Interest Inventory or the Gordon Occupational Check List were used.

H. Aptitudes and special abilities: Most aptitude batteries are too difficult to administer to most hearing

impaired. Yet, this area is of vital importance in the counseling process. The center administered the MacQuarrie Test for Mechanical Ability and the Metropolitan Achievement Elementary Battery.

All of the study areas given above were augmented with a case history developed by the social workers. Through interviews, examinations of past records, and home visitations the social workers provided information regarding the client's medical and social history. The individual cases were not only summarized by the previously mentioned profiles, but by a two page "staffing form" to be followed up by school personnel.

The pivot point for these services was the staffing committee as shown in the previous chart. Several perspectives fused to give each child the best possible service. The staffing function was necessary for all facets of this program. At this point decisions were made that will influence the type and quantity of instruction as well as the control of external help for the child.

The results of these staffings were: specific educational recommendations (such as approaches, materials, and experiences) which could be used by the teacher with the child in a classroom or tutorial situation, medical and psychological referrals, information for parent-student counseling, and data pertinent to school organization and programming.

Organization of Personnel

The following personnel were employed for this project during the summer of 1968:

Position	Name	Location
Psychologist	Wilhelmina Franklin	Doolittle School
Clinician	Juanita Parsons	"
Clinician	Mary Skinner	"
Clinician	Pamela Berliant	"
Clinician	Charlotte Zielke	"
Clinician	Mary Kenealy	Robt. Henner Hearing & Speech Center
Instructor of Manual Comm.	Doris Fowler	Doolittle School
Audiologist (Consultant)	Lyn Brown	Robt. Henner Hearing & Speech Center
Audiologist (Consultant)	Theresa Jabaley	"
Psychologist (Consultant)	Dr. Tong-He Koh	"
Hearing Specialist (Consultant)	Dr. Laszlo Stein	"
Social Worker	Patricia Osborn	Doolittle School
Social Worker	Marianne Lifchez	"
Director	Dr. Melvin Lubershane	"

Role Descriptions of the Staff Personnel

Project Director - The director was charged with the organization and supervision of the program. He recruited personnel, prepared reporting and evaluation forms, and structured the model

for the comprehensive services offered. In addition, he selected the measurement instruments in concert with Dr. Neyhus of Northwestern University. Further, he arranged for all auxillary services with outside agencies, structured administrative procedures, and summarized all pertinent data. Finally, he prepared this report.

Clinician - The clinician gave diagnostic tests, participated in the staffing procedures, prepared individual case findings, participated in the in-service program and offered individual client aid primarily in communication skills as prescribed by the diagnostic process.

Social Worker - The social workers were charged with the responsibility for case histories through interviews, visitations, and the examination of previous records. They were to summarize all case files to make sure these were accurate and complete prior to the "staffing" of each case. They brought clients who had social, financial, or transportation problems to the center for service when parents were unavailable.

Instructor of Manual Communication - This instructor taught older children who have developed no means of communication. The mode of instruction was the "Language of Signs" and finger spelling.

Clinical Psychologist - This staff member examined the behavior of children with severe educational or behavior

problems. The techniques and instruments employed were different than those used by the educational psychologist or clinician. The major purpose was to determine possible means of solving the problems offered by the children through consultation, therapy, or placement.

Educational Psychologist - The role of this psychologist was to administer individual intelligence tests so as to predict some degree of academic success.

Clinical Audiologist - The task of the audiologist was to administer a complete series of hearing tests so as to determine hearing acuity, speech reception, speech discrimination, and other factors concerned with hearing impairment. Tests were also given to evaluate the client's degree of success with amplification. All the tests were consolidated and interpreted.

Vision Technician - This technician gave binocular screening tests to over 1/3 of the clients seen at the center this summer. The results were summarized for inclusion in the case files.

Bus Driver - It was the function of the bus driver to provide transportation for clients and parents who needed this service to and from their homes and the center. The bus also acted as a shuttle service between the Robert Henner Center and the Doolittle East School.

Results of this Project

The results of the 1968 summer Diagnostic and Clinical Services for the Hearing Impaired may be classified into three categories: (A) direct service to the students, (B) pertinent data to establish student needs for future program planning, and (C) test of the feasibility of this model for supportive services to be included in the ongoing educational program for the hearing impaired. This section of the report will deal with the quantitative and qualitative findings as ascertained by the center during this period. The implications of these results for future planning and the possible revisions to improve these services will be given in a later section of this report.

A. Direct Service to the Students: In all, 87 students were seen for 261 periods of one to three hours in duration. Parents of the clients were present for at least three of the sessions (except in known cases of parental illness or work commitments). There were 18 cancellations of appointments due to heat or illness. Transportation offered to many of the parents probably held this number down. The following chart shows the time schedule breakdown by category:

Type of Appointment	No. Periods	Total Time
Diagnostic at Doolittle	114	420
Clinical at Doolittle	60	71
Diagnostic (IQ) at Doolittle	13	26
Audiometric at Henner	25	37.5
Behavior Study at Henner	19	57
Clinical at Henner	32	48
All types - Grand Total	261	659.5
In-service training (5 three hour sessions)		120

A further summary of the findings showed that these were given:

22 pure tone audiometric examinations
22 speech reception tests
22 speech discrimination tests
10 hearing aid evaluations
32 individual mental abilities tests
64 pencil and paper mental abilities tests
48 reading tests
54 speech tests
40 language tests
40 speech reading tests
55 sensory tests
55 motor tests
33 personality tests
18 occupational interest inventories
23 mechanical aptitude tests
24 binocular vision tests

In addition there were 11 parent, student, clinician consultations, 50 home visits, and 54 probes into past records. Sixty referrals for otological, ophthalmic, neurological or psychiatric help were suggested and over 130 specific educational recommendations were forwarded to the schools. Each case was "staffed" for a period of 20 minutes to two hours.

All record files were sent to the home schools of the students at the end of the summer with hopes that the recommended teaching strategies and outside agency referrals would be implemented by the home school staff.

Copies of the profiles were kept for future use by the project director.

B. Pertinent Data to Establish Student Needs for Future Program Planning:

The results of the profiles gathered by the center during the summer indicate the following:

1. Sensory abilities were measured for the hearing impaired because individuals with deafness are critically dependent on their vision and available evidence shows that visual defects are found more often in the hearing impaired than among those with normal hearing. Of 24 surveyed 12 showed some binocular problems.
2. Intelligence was measured so as to predict future success in academic endeavors and as a guide to

comparisons with mental levels required for occupational success as these are indicated by past, present, and future research, when deafness is a factor.

3. Social maturity, the ability to care for oneself and assist in the care of others, is fundamental in a study of behavior. Note was taken of comments made during interviews and the direct observation of the overt behavior of the clients. Generally, the hearing impaired students seen at this summer diagnostic center seemed somewhat immature and more dependent than others.

4. Personality and emotional adjustment appraisal is always difficult, but even more so when deafness is present. Though it was not possible to assess the younger children or some of the children with multiple handicaps, some California Tests of Personality and psychological interpretation of the Picture Language Story Test were accomplished. These tests were augmented by information derived from parent interviews.

5. When motor ability was tested by use of the Heath Railwalking Test and a segment of the Sloan-Oseretsky Motor Battery it was found that several referrals and recommendations could be made for

individual students because of the information obtained relative to motor development, balance, or laterality.

6. The ability to communicate is most seriously affected by hearing loss. Several types of communication were evaluated at this project: speech reading, speaking, reading, writing, and, where possible, manual communication. Information derived during testing and interpreted at staffing sessions pinpointed each child's level of development and provided insight for suggested individualized strategies and materials to be sent to the student's teacher.
7. For the older students, the California Occupational Interest Inventory or the Gordon Occupational Checklist were employed. Eighteen students were given these instruments which provided some basis for occupational counseling with the students and parents.
8. Aptitudes and special abilities were taken into consideration by the use of achievement tests. Though these are not specifically designed to measure aptitude, research has shown a strong correlation (as measured by the Metropolitan Reading Achievement Test) between past achievement and future success. Reading has been found

to be the key to future academic success, and success in the more complex occupational skills.

C. Test of the Feasibility of the Model for Supportive Services To Be Included in the Educational Program: The results for this category are derived from surveys taken during this phase of the project. Parents, professional staff, and visitors responded to specific statements as shown in the tabulated forms to be found in Appendix B. The items contained in these surveys were of the completion, forced choice, or Likert type (or combinations of these). They were adapted from questionnaires used elsewhere for similar purposes. The items were designed to show attitudes and knowledge as held by adults directly involved in the education of the hearing impaired.

Though close inspection of the tabulated results found in Appendix B may yield information beyond this conclusion, it is safe to say that all who were involved with the center showed satisfaction as far as the policies, procedures, and evaluations were concerned. There is no doubt that there is a consensus of opinion that the supportive services offered at the center should be included in the ongoing educational program for the hearing impaired in the Chicago area.

Evaluation

The impact of these services on handicapped children cannot be fully estimated from a long range point of view and therefore it is impossible to assess the effect of this program as far as revised programs, increased college attendance, decreased school drop-out rate, or vocational success are concerned. However, short range goals such as the development of a supportive services model, establishing examination procedures and other administrative detail have been accomplished. The impact upon the children may be inferred from their fine attitude while participating in the program and their consistent return to the center when requested to do so. Objectively, the previous amount of testing and clinical service, as well as the recommendations and referrals made, must aid the individual children. All told, there were 73 parents who visited the center. Their attitudes toward the program may be seen in the tabulated survey form Parent Inventory (see Appendix B) which includes responses for a sample group of 31 parents.

Part of the tabulated form entitled Teacher Questionnaire has also been included in the Appendix B. It will be noted, that the teachers (clinicians) showed a strong degree of satisfaction about the program. It will be further noted

that the teachers who participated in the program were not selected by their attitudes toward an "ideal" educational program. They did, however, show a consensus with reference to their opinions regarding major issues in education of the hearing impaired when they were surveyed on a post facto basis. This seems like a significant result of the survey because when a similar survey was conducted with 65 other assigned teachers of the hearing impaired in Chicago little agreement could be implied (see Appendix D). It may be assumed that participation in the program made for attitude agreement. This could provide the foundation for good future program development.

The objectives of this program were achieved. This statement is supported by the fact that the project will continue to receive funding. It is further supported by the results as given previously. If changes were to be made in this program they should include:

A. The choice of a semi-permanent facility for these services until a regional school is built.

B. The recruitment of an ongoing part-time staff.

C. The arrangement for meetings with officials of "outside" agencies so as to coordinate services.

D. The recruitment of consultants to aid in planning, evaluating and to proving further in-service

activities for the staff professionals.

E. The study of all sub-functions concerned with the education of the hearing impaired in Chicago, and formulating program changes (in organization and administration) as these are indicated so as to affect better communications and compatible roles for all involved personnel.

This program could be followed up by:

A. Continuing the supportive services as herein described, offering revision to the procedures and emphasis as these are necessary.

B. Checking the degree of response in and out of the school to see if the referrals were made and the recommendations followed for the cases seen at the center thus far.

C. Inviting all of the teachers to view or participate in center activities.

D. Tabulating data derived at the center offering conclusions and suggesting criteria for planning a regional high school program in Chicago.

E. Disseminating information regarding this program to all interested parties.

Finally, the potential effect of this program on special education in Illinois is vast. Beside the direct service to a large segment of hearing impaired students in the state, it could provide a mode for other programs in the following areas:

A. Adopting supportive services
B. Planning a regional school
C. Establishing student needs
D. Evaluating on-going programs
E. Establishing cost data
F. Pointing out needs for new legislation.

Dissemination

Public media were advised of this project and this booklet was prepared for distribution to all local, state and federal agencies, both public and private, concerned with the education of the hearing impaired.

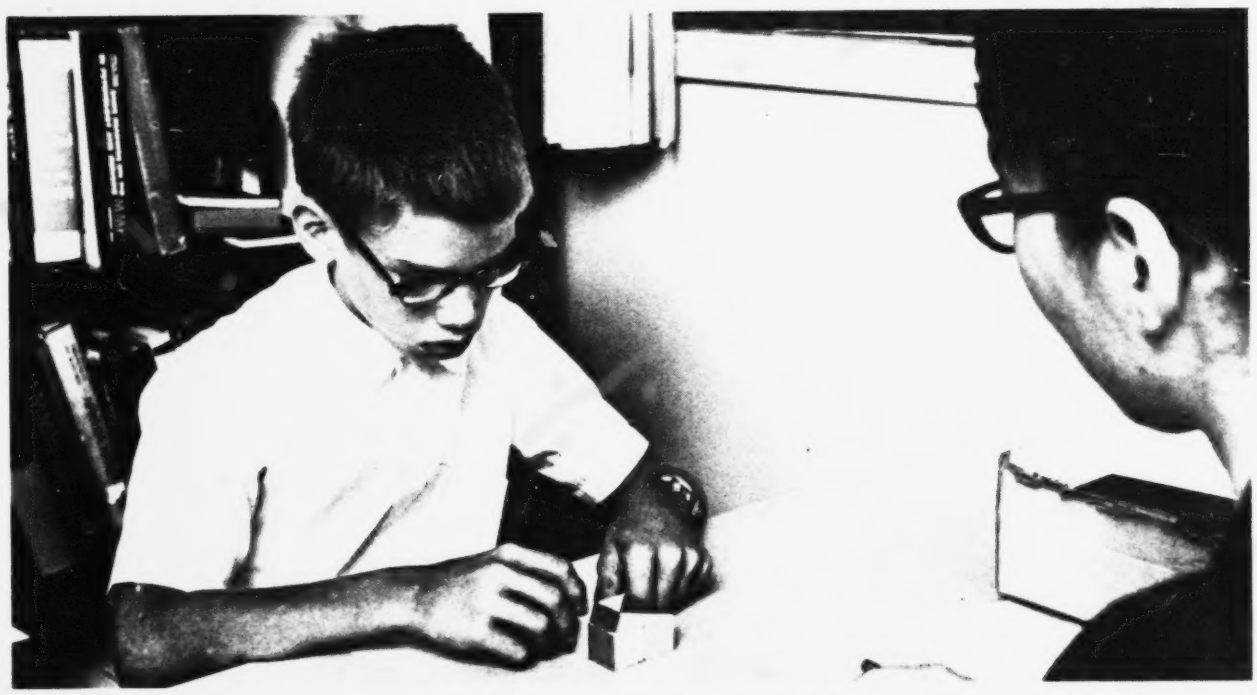
Summary

This project has been an attempt to put the textbook procedures into practice. Comprehensive supportive services are offered in many locations throughout the United States, but rarely occur in large urban areas because of social, economic, and political practices which have relegated these necessary functions to community agencies outside of and apart from the schools. The innovative aspects of this program are not to be found in the services offered, or their organization but rather in the methodology employed to "get the project off the ground". This project has started communication among all people involved in the education of the hearing impaired. It is a beginning of the development of a consensus of opinion which will provide the basis for astute future program planning.

No claim is made to a "perfect" program in this report. Claim is made that the methodology herein used when revised to meet local needs will offer some guidelines for those who aspire to develop similar programs. Wise educators learn from the mistakes as well as the successes of others.

An introduction to the Center

Family conference with the social workers.



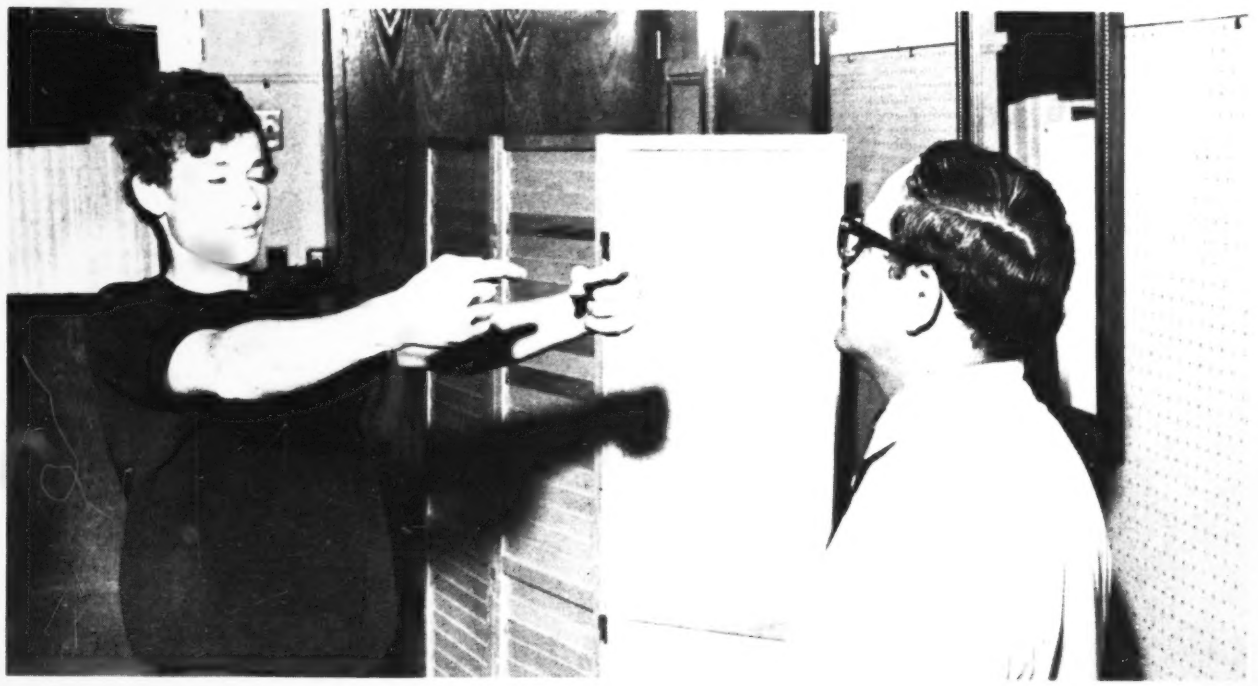
Psychologist using Koh blocks

Psychologist using the Hiskey-Nebraska Test of Learning Aptitude with a student.

Using the dynommeter to test laterality

Using Knox blocks

Coordination testing using the Sloan-Oseretsky Motor Battery



A segment of Sloan-Oseretsky Motor Battery

A balance test

Walking the Heath Rail

Learning the language of signs

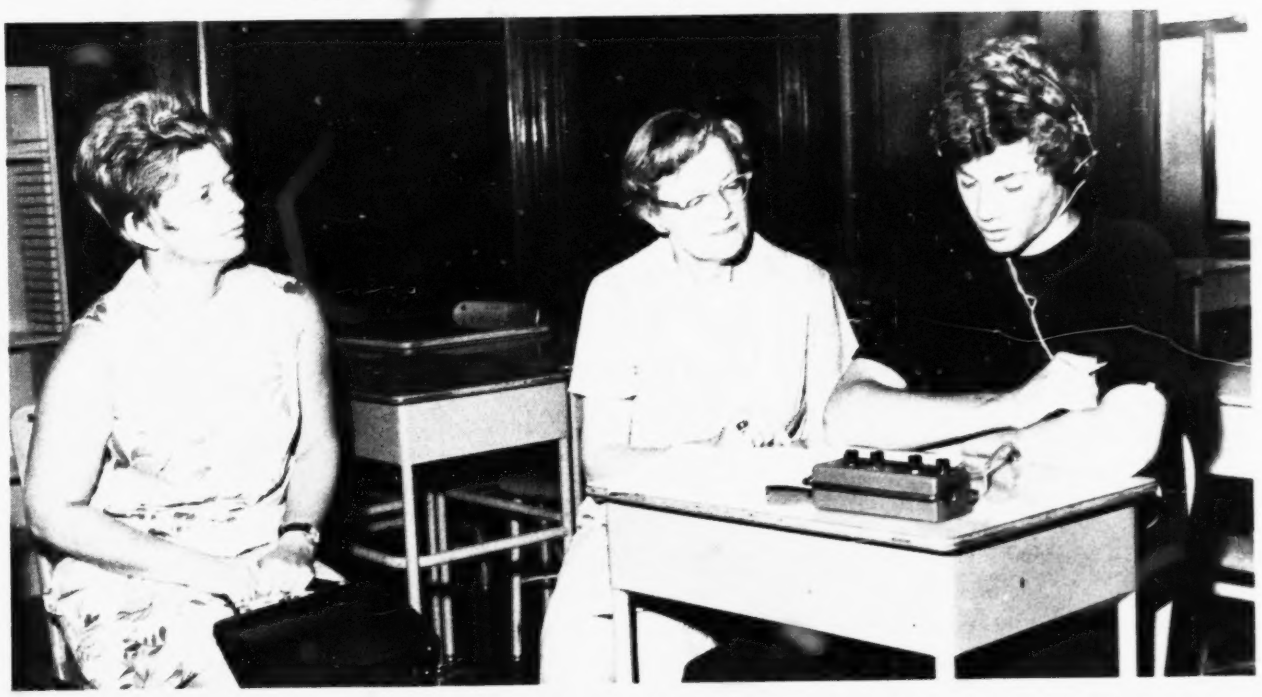
Auditory training in a clinical situation.

A clinical language situation

Testing for speech discrimination and speech reception

Using amplification

Association through lip reading



A demonstration to the parent of reading procedures

DOOLITTLE SCHOOL
TITLE VI ESEA PROJECT NO. 296
DIAGNOSTIC & CLINICAL SERVICES
FOR THE HEARING IMPAIRED

APPENDIX A
COMPOSITE EDUCATIONAL & PSYCHOLOGICAL PROFILE

Name _____ Date _____ Age _____ Grade _____ School _____

Raw Scores		Equated Scores																
I	MENTAL ABILITY	3	4	5	6	7	8	9	10	11	12	13	14	15	16	MA		
	Goodenough ____	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A		
	Otis ____	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A		
	Nebraska-Hisky ____	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	GE		
II	PERCEPTION	-30	-20	-10	0	10	20	30	40	50	60	70	80	90	100	%		
	Visual Motor ____	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10	Pt.		
	Index ____	+	12	11	10	9	8	7 M	6	5	4	3	2	1	0	Errors		
III	MOTOR ABILITY																	
	Heath ____																	
	Sloan-Oseretsky ____																	
	Dynamometer R ___ L ___																	
	Laterality R ___ L ___																	
	MD																	
IV	READING																	
	Metropolitan																	
	El. "B" ____																	
V	LANGUAGE																	
	Picture Story																	
	Lang. Test ____																	
	Total wd ____																	
	Total sent. ____																	
	Syntax quo. ____																	
VI	SPEECH READING																	
	0-6 = poor																	
	7-14= good																	
	15-20= excellent																	
VII	SPEECH ANALYSIS																	
	(As Above)																	

VIII MACQUARRIE _____ %tile

IX CALIF. TEST OF PERS. ___ % ADJUST.
OCCUPATIONAL INTEREST _____

X OPTHALMIC L R

XI AUDIOMETRIC L R

XII SOCIAL DATA # Siblings M___ F___

XIII MEDICAL DATA
Seen by:
Nature of problem:-

APPENDIX B

DOOLITTLE SCHOOL
TITLE VI ESEA PROJECT NO. 206
DIAGNOSTIC & CLINICAL SERVICES
FOR TH HEARING IMPAIRED

TABULATED (31 Respondents)
PARENT INVENTORY
"Parent self-appraisal"

This part of the inventory concerns how you view yourself as a parent of a hearing impaired child. Please circle the number that best describes how you feel about each of the statements. If you do not understand each of the statements, please raise your hands and we will help you.

After each s tement circle the one number which best expresses your opinion about that statement. Number 1 would be strongly agree, 2 would be agree, 3 would be undecided, 4 would indicate disagree, and 5 would express strongly disagree. Please circle one and only one number after each statement. No names of respondents are necessary

		SA	A	U	D	SD
1.	I feel comfortable when I come to the clinic	27	1	1	0	0
2.	The clinicians seem to be happy to see me	28	0	1	0	1
3.	I feel my child is improving in his communication skills	21	5	4	0	0
4.	I understand the causes of deafness	10	7	5	1	5
5.	I know where to go to get special help for my child	14	4	3	0	7
6.	I feel that someone in the near future will find a cure for deafness	10	5	6	2	7
7.	I relate well to my child	17	7	3	2	0
8.	I am comfortable with my child when we are together in the company of others	24	4	1	0	1
9.	I feel that my child gets along well with the other members of our family	26	3	1	1	0
10.	I feel that my child may obtain a college degree	12	3	7	2	6
11.	I am concerned about my child's ability to earn a living when he becomes an adult	23	5	2	0	1
12.	I am concerned about my child's social life	24	3	3	1	0
13.	I feel that I know enough about how deaf people think and act	1	5	8	6	10
14.	I feel I know enough about hearing aids	4	4	9	2	11

APPENDIX B

DOOLITTLE SCHOOL
TITLE VI ESEA PROJECT NO. 296
DIAGNOSTIC & CLINICAL SERVICES
FOR THE HEARING IMPAIRED

CONDENSED SUMMARY & TABULATED TEACHER QUESTIONNAIRE
(7 Respondents)

FOR PERSONNEL EMPLOYED AT THE CENTER FOR
THE HEARING IMPAIRED
(Summer 1968)

Instructions to Teachers Receiving Questionnaire:

This questionnaire is for all teachers of the hearing impaired in this Summer Program for the Hearing Impaired. It is part of an official project aimed at securing information needed for improvement of the schools from the viewpoint of teachers, pupils and parents.

We ask your cooperation in filling out this questionnaire as frankly, honestly and completely as you can. Your personal opinions are important to help the Center arrive at reliable conclusions about the opinions and attitudes of the staff of our project.

Do not write your name on your copy. This questionnaire is to ANONYMOUS.

Thank you for your cooperation.

What is your attitude, in general, about your present (during school year) position?
2....very favorable
3....favorable
1....neutral
1....unfavorable
....very unfavorable

What is your attitude, in general, about the system and organization used this summer?
3....very unfavorable
4 ...favorable
....neutral
....unfavorable
....very unfavorable

APPENDIX C

DOOLITTLE SCHOOL
TITLE VI ESEA PROJECT
CENTER FOR HEARING IMPAIRED

Dear Parent:

The Chicago Board of Education has received money from the Federal Government to conduct diagnostic and clinical service for hearing impaired students who live in the Chicago area. We are offering a variety of services for students who are in grades 7, through 10, and children from 3 to 6 years of age.

The services which will be offered are:

List Deleted For Space Purposes

We will not have the staff or funds this summer to include all of the hearing impaired children in our area so we will offer these services to the children and their parents who seem to have the strongest need, and who respond to this letter as soon as possible. This letter is to make you aware of our summer program so that you may contact us for appointments for your child and yourself. Merely call either AT 5-5420 or AT 5-5421, or send the application blank enclosed with this letter to:

Dr. Melvin Lubershane, Director
Diagnostic Center for Hearing Impaired
c/o Doolittle School East
535 E. 35th St.
Chicago, Illinois 60616

Respectfully yours,

Melvin M. Lubershane

MML:rl
Enc.

APPENDIX D

DOOLITTLE SCHOOL
TITLE VI ESEA PROJECT NO. 296
DIAGNOSTIC & CLINICAL SERVICES
FOR THE HEARING IMPAIRED

TABULATED TEACHER QUESTIONNAIRE
(25 Responses)

After each statement circle the one number which best expresses your opinion about that statement. Number 1 would be strongly agree, 2 would be agree, 3 would be undecided, 4 would indicate disagree, and 5 would express strongly disagree. Please circle one and only one number after each statement. No names of respondents are necessary.

		SA	A	U	D	SD
1.	All hearing impaired children should be taught by the "oral" method.	2	2	3	8	10
2.	Adequate supervision is a must for teachers of the hearing impaired. (Supervision = aid in the improvement of instruction).	15	8	2	0	0
3.	Thorough psychological, medical and educational diagnosis would aid the teacher in her (his) instruction of the child.	15	10	0	0	0
4.	The teacher should have the time to plan individualized programs for her (his) students in conjunction with aid from multidisciplinary specialists at frequent "staffing" conferences.	16	9	0	0	0
5.	There is a logical sequence of skills and knowledge taught at our school.	3	9	3	8	2
6.	Teachers training for instruction of the hearing impaired children should be part of the school's function.	10	11	1	1	0
7.	High school aged deaf children should have aid from hearing students who "take notes" for them.	4	7	11	0	1
8.	Qualified, experienced teachers should welcome the opportunity to "train" teachers of children of normal hearing to become teachers of the deaf.	6	12	4	1	1
9.	Simultaneous "oral" and "manual" instruction may provide language for non-oral youngsters.	9	9	3	2	0
10.	Lack of consensus about the "method" of instruction may be a definite reason why education of the hearing impaired has not produced the educational results commensurate with the efforts expended.	8	8	2	4	0
11.	Parents should be involved in the instructional program in the schools where ever possible.	13	10	1	1	0